

The services listed below must be medically necessary and are subject to utilization review by the South Carolina Department of Health and Human Services (SCDHHS) personnel, and must meet Federal and State laws and regulations.

Prior authorization from the South Carolina Department of Health and Human Services is required before payment will be made for services covered by Medicaid and rendered by an out-of-state provider, excluding those located within a twenty-five (25) mile radius of the South Carolina border.

For referrals out-of-state, the referring physician must obtain PRIOR APPROVAL before out-of-state services are reimbursed. A written request must be submitted to the South Carolina Department of Health and Human Services personnel. Referrals should be made to an out-of-state provider only when the procedure or service is not available within the South Carolina Medical Service Area. All available resources must have been considered and indicated in the request to SCDHHS for the out of state referral.

Out-of-state providers must meet Medicaid enrollment criteria before payment may be made. Payment to out-of-state providers follows federal and state regulations and guidelines as promulgated.

1. INPATIENT HOSPITAL SERVICES. Inpatient Hospital Services must be provided in a general acute care institution licensed as a hospital by the applicable South Carolina licensing authority and certified for participation in the Medicare (Title XVIII) program. Hospital services are subject to the following cost containment measures:

1. Utilization review for appropriateness of treatment and length of stay.
2. Preadmission screening of selected services/procedures.
3. A mandatory outpatient surgery list per fiscal year.

The following procedures are noncovered services: Hospital stays related to clinically unproven procedures and/or experimental procedures, plastic surgical procedures performed for cosmetic reasons, and other procedures determined not be medically necessary.

Abortions and sterilizations are reimbursable in accordance with Federal and State requirements. Coverage for induced abortions is provided when the physician certifies that the pregnancy was a result of rape or incest or the woman suffers from a physical disorder, injury or illness, including a life-endangering physical condition cause or arising from the pregnancy itself, that would place the woman in danger of death unless an abortion is performed.

Effective July 1, 1989 the South Carolina Department of Health and Human Services will sponsor Administrative Day services to recipients who no longer require acute hospital care, but are in need of nursing home placement which is not available at the time. The patient must meet nursing facility level of care. Administrative Days must follow a hospital stay and will be covered in any hospital as long as such care is not available in a nursing home. Swing bed hospitals may furnish Administrative Days provided all swing beds in the hospital are occupied.

2.a OUTPATIENT HOSPITAL SERVICES. Outpatient non-emergency clinic services will be covered.

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2.b. RURAL HEALTH CLINICS. Rural Health Clinic (RHC) services are limited to procedures performed by a physician, physician assistant, nurse practitioner, nurse midwife, or specialized nurse practitioner. RHC services are covered when furnished to patients at the clinic, skilled nursing facility, or the patient's place of residence. Services provided to hospital patients (including emergency room services) are not considered RHC services. All services must be medically necessary and appropriate for the diagnosis and treatment of a specific condition. Reimbursement for RHC services is described in ATTACHMENT 4.19-B.

A maximum of twelve (12) visits per patient per fiscal year for patients age 21 or older. SCDHHS may approve additional ambulatory care visits when medically necessary. Services that exceed the limit may be authorized based on medical necessity or utilization control procedures.

2.c FEDERAL QUALIFIED HEALTH CENTERS. Federally Qualified Health Centers (FQHC's) services are limited to procedures performed by a physician, physician assistant, nurse practitioner, nurse midwife, or specialized nurse practitioner. FQHC services are covered when furnished to patients at the center. These services are to be reimbursed at an all inclusive rate based on 100% of Medicare reasonable costs and other constraints as identified in paragraph 2(c) of 4.19-B. Services provided at a skilled nursing facility, hospital (including emergency services) or a patient's place of residence are not considered FQHC services.

Supplies, lab work and injections are not billable services. These services and supply costs are included in the all inclusive rate.

A maximum of 12 visits per patient per fiscal year for patients age 21 or older. SCDHHS may approve additional ambulatory care visits when medically necessary. Services that exceed the limit may be authorized based on medical necessity or utilization control procedures.

2.d Federally Qualified Health Centers. Federally Qualified Health Center services provided to a pregnant woman or an individual under 21 years of age will not be limited to 12 visits per patient per fiscal year.

2.e Indian Health Service (IHS) Facilities. Services reimbursed at the IHS rate are limited to procedures performed by a physician, physician assistant, nurse practitioner, nurse midwife or specialized nurse practitioner. These services are covered when furnished to a patient at the clinic. These services will be reimbursed at an all-inclusive rate as determined by the IHS.

Supplies, lab work and injections are not billable services. These services and supply costs are included in the all inclusive rate.

3. Other Laboratory and X-Ray Services: Laboratory and X-Ray services shall be covered to the extent permitted in federal Medicaid regulations and must conform to policies, guidelines and limitations as specified in the Physician, Laboratories and other Medical Professional Manuals. Services that exceed the limit may be authorized based on medical necessity or utilization control procedures.

4.a. NURSING FACILITY SERVICES. (For individuals 21 years of age or older). Prior approval for admission (or upon request for payment) and prior approval for level of care certification as appropriate is the responsibility of the Division of Community Long Term Care, South Carolina Department of Health and Human Services (DHHS). This pre-admission screening also includes services provided in a swing bed hospital and includes sub-acute care provided to ventilator dependent patients when contracted to provide this care (effective 04/01/89).

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Basic services and items furnished in a nursing facility that are inclusive in the per diem rate and must not be charged to the patient include the following:

A. Nursing Services - Includes all nursing services to meet the total needs of the resident, the administration of treatments and medications as ordered by the physician, assistance with mobility (walking or wheelchair), and routine nursing supplies. Nursing supplies include, but are not limited to such items as syringes, air mattress, I.V. supplies, adhesive tape, canes, ice bags, crutches, glycerine, mouth swabs, water pitchers, bed pans, thermometers, and urinals.

B. Special Services - Including assistance by the facility social worker, participation in planned activities, physical therapy, speech therapy, occupational therapy and inhalation therapy.

C. Personal Services - Services for the comfort of the resident which include assistance with eating, dressing, toilet functions, baths, brushing teeth, washing and combing hair, shaving and other services necessary to maintain a clean, well kept personal appearance. Includes assistance in walking and wheelchair use when necessary. Diapers and underpads are provided as needed.

D. Room and Board - Includes a semiprivate or ward accommodations, all meals including special diets and snacks ordered by the physician. Includes feeding residents if unable to feed themselves and tube feeding. Housekeeping services and bed and bath linens are included.

E. Safety and Treatment Equipment - Including, but not limited to the following items: standard wheelchairs, infusing equipment, bedside commode, side rails, restraint chairs (Geri-chairs), suction apparatus, walkers, crutches, canes and other equipment that is generally used by multiple residents and does not become the property of the individual resident.

F. Medications - Over-the counter (OTC) non-legend medications are included (except for insulin

G. Medical Supplies and Oxygen - The following items are included, however, the included items are not limited to this list: oxygen, supplies used for inhalation therapy, catheters and related supplies, dressings, disposable enema equipment or other irrigation supplies, I.V. solutions, disposable instrument trays, levine tubes, and other supplies ordered by the physician or necessary to meet the needs of the resident because of the resident's medical condition.

4.b EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT). The EPSDT program offers special medical services to Medicaid recipients under the age of twenty-one. EPSDT services include dental, vision, hearing services and general health screening. EPSDT services are offered in addition to medically necessary services available to all Medicaid recipients. Additional ambulatory care visits will be made available as necessary.

4.b EPSDT cont.

The State assures that this provision of EPSDT will not restrict an individual's free choice of providers in violation of 1902 (a) (23) of the Act.

1. Eligible recipients will have free choice of providers of EPSDT services. They will have the freedom of choice to switch providers if and when they desire.
2. Eligible recipients will have free choice of providers under other medical care under the State Plan. Providers will assure that freedom of choice of physicians and other medical care providers are maintained at all times.

Assurance 1905(a) Services: The state assures that EPSDT eligible clients have access to Section 1905(a) services not specifically listed in the state plan when they are medically necessary. Services provided as described in Section 1905(a) to correct or ameliorate defects and physical and mental illnesses and conditions not specified in the state plan will be provided if determined to be medically necessary by the appropriate agency staff. Any services beyond the limitations noted in the State Plan must be available based on a medical necessity determination.

Referrals for rehabilitative therapy services must be made by physician or other licensed practitioner of the healing arts and all Medicaid and state supervisory requirements must be adhered to. Referral means that the physician or other licensed practitioner of the healing arts has asked another qualified health provider to recommend, evaluate or perform therapies, treatment or other clinical activities to or on behalf of the beneficiary being referred. It includes any necessary supplies or equipment.

"Under the direction of" means that for physical therapy, occupational therapy, and services for individuals with speech, hearing and language disorders under 42 CFR 440.110, the Medicaid qualified therapists providing direction are licensed practitioners of the healing arts qualified under State law to diagnose and treat individuals with the disability or functional limitations at issue, are working within the scope of practice defined in State law and are supervising each individual's care. The qualified therapists must, at a minimum, have face-to-face contact with the beneficiary initially and periodically as needed, be familiar with the treatment plan as recommended by the referring physician or other licensed practitioner of the healing arts practicing under State law, have continued involvement in the care provided, and review the need for continued services throughout treatment. The supervising therapists must also assume professional responsibility for the services provided under their direction and monitor the need for continued services. The supervising therapists must spend as much time as necessary directly supervising services to ensure beneficiaries are receiving services in a safe and efficient manner in accordance with accepted standards of practice. Moreover, the supervising therapists must ensure that individuals working under their direction have contact information to permit them direct contact with the supervising therapists as necessary during the course of treatment. In all cases, documentation must be kept supporting the supervision of services and ongoing involvement in the treatment. Absent appropriate service documentation, Medicaid payment for services may be denied providers.

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4.b EPSDT cont.

PHYSICAL THERAPY, OCCUPATIONAL THERAPY, AND SERVICES FOR INDIVIDUALS WITH SPEECH, HEARING AND LANGUAGE DISORDERS

Physical Therapy Services: In accordance with 42 CFR 440.110(a), physical therapy means services prescribed by a Physician or other Licensed Practitioner of the Healing Arts (LPHA) within the scope of his or her practice under state law and provided to a beneficiary by or under the direction of a qualified Physical Therapist. It includes any necessary supplies and equipment. Physical Therapy Services involve evaluation and treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems for maximum reduction of physical or mental disability and restoration of a beneficiary to his/her best possible functional level. Specific services rendered: Physical Therapy Evaluation, Individual and Group Therapy (a group may consist of no more than six children).

Specific services provided include:

Physical Therapy Evaluation: A Physical Therapy Evaluation is a comprehensive evaluation that should be conducted in accordance with the American Physical Therapy Association and South Carolina Board of Physical Therapy Examiners guidelines, the physician or other LPHA, the Physical Therapist's professional judgment, and the specific needs of the child. The evaluation should include a review of available medical history records, an observation of the patient, and an interview, when possible. The evaluation must include diagnostic testing and assessment, and a written report with recommendations.

Individual and Group Physical Therapy: Individual or Group Physical Therapy is the implementation of specialized Physical Therapy programs that incorporate the use of appropriate modalities; performance of written and/or oral training of teachers and/or family regarding appropriate Physical Therapy activities/therapeutic positioning in the school or home environment; recommendations on equipment needs; and safety inspections and adjustments of adaptive positional equipment. Physical Therapy performed on behalf of one child should be documented and billed as Individual Physical Therapy. Physical Therapy performed on behalf of two or more children should be documented and billed as Group Physical Therapy. A group may consist of no more than six children.

Providers of Physical Therapy Services include:

- **Physical Therapist (PT).** In accordance with 42 CFR 440.110 (a)(2)(i)(ii), a qualified physical therapist is an individual who is currently licensed by the South Carolina Board of Physical Therapy Examiners. (i) A graduate of a program of physical therapy approved by both the Committee on Allied Health Education and Accreditation of the American Medical Association and the American Physical Therapy Association or its equivalent; and (ii) where applicable, licensed by the State.

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- **Physical Therapist Assistant (PTA)** is an individual who is currently licensed by the South Carolina Board of Physical Therapy Examiners. A physical therapy assistant provides services under the direction of a qualified physical therapist.

Occupational Therapy Services: In accordance with 42 CFR 440.110(b)(1), Occupational Therapy means services prescribed by a Physician or other Licensed Practitioner of the Healing Arts within the scope of his or her practice under state law and provided to a beneficiary by or under the direction of a qualified Occupational Therapist. It includes any necessary supplies and equipment. Occupational therapy services are channels to improve or restore functional abilities for maximum reduction of physical or mental disability and restoration of a beneficiary to his/her best possible functional level. Occupational Therapy Services are related to Self-Help Skills, Adaptive Behavior, Fine/Gross Motor, Visual, Sensory Motor, Postural, and Emotional Development that have been limited by a physical injury, illness, or other dysfunctional condition. Occupational Therapy involves the use of purposeful activity interventions and adaptations to enhance functional performance. Specific services rendered: Occupational Therapy Evaluation, Individual and Group Occupational Therapy (a group may consist of no more than six children), Fabrication of Orthotic, Fabrication of Thumb and Finger Splints.

Specific services provided include:

Occupational Therapy Evaluation: An Occupational Therapy Evaluation is a comprehensive evaluation that should be conducted in accordance with the American Occupational Therapy Association and South Carolina Board of Occupational Therapy guidelines, the physician or other LPHA referral, the Occupational Therapist's professional judgment, and the specific needs of the child. The evaluation should include a review of available medical history records and an observation of the patient and interview, when possible. The evaluation must include diagnostic testing and assessment and a written report with recommendations.

Individual and Group Occupational Therapy: Individual or Group Occupational Therapy is the implementation of specialized Occupational Therapy programs that incorporate the use of appropriate interventions, occupational therapy activities in the school or home environment, and recommendations on equipment needs and adaptations of physical environments. Occupational therapy performed directly to or on behalf of one child should be documented and billed as Individual Occupational Therapy. Occupational Therapy performed for two or more individuals should be documented and billed as Group Occupational Therapy. A group may consist of no more than six children.

Fabrication of Orthotics for upper and lower extremities and Thumb and Finger Splints: Fabrication of Orthotic is the fabrication of orthotics for lower and upper extremities, and the Fabrication of Thumb Splint and Finger Splint is the fabrication of orthotic for the thumb and likewise, the fabrication of Finger Splint is the fabrication of orthotic for the finger.

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Providers of Occupational Therapy include:

- **Occupational Therapist (OT).** In accordance with 42 CFR 440.110 (b)(2)(i)(ii) A qualified occupational therapist is an individual who is - (i) Certified by the National Board of Certification for Occupational Therapy; or (ii) A graduate of a program in occupational therapy approved by the Committee on Allied Health Education and Accreditation of the American Medical Association and engaged in the supplemental clinical experience required before certification by the National Board of Certification for Occupational Therapy.
- **Occupational Therapy Assistant (OTA)** is an individual who is currently licensed as a Certified Occupational Therapy Assistant (COTA/L or OTA) by the South Carolina Board of Occupational Therapy who works under the direction of a qualified occupational therapist pursuant to 42 CFR 440.110(b)(2)(i) or (ii).

Speech-Language Pathology Services: In accordance with 42 CFR 440.110(c) (1), Speech-Language Pathology Services include diagnostic, screening, preventive, or corrective services provided by or under the direction of a Speech-Language Pathologist, for which a patient is referred by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law. It includes any necessary supplies and equipment. Speech-Language Pathology Services means evaluative tests and measures utilized in the process of providing Speech-Language Pathology Services and must represent standard practice procedures. Only standard assessments (i.e., Curriculum-Based Assessments, Portfolio Assessments, Criterion Referenced Assessments, Developmental Scales, and Language Sampling Procedures) may be used. Tests or measures described as "teacher-made" or "informal" are not acceptable for purposes of Medicaid reimbursement. Specific services rendered: Speech Evaluation, Individual Speech Therapy, and Group Speech Therapy (a group may consist of no more than six children).

Specific services provided include:

Speech Evaluation: Upon receipt of the physician or other LPHA referral a Speech Evaluation is conducted. This is a face-to-face interaction between the Speech-Language Pathologist, Speech-Language Pathology, Assistant, Speech-Language Pathology Intern or Speech-Language Pathology Therapist and the child for the purpose of evaluating the child's dysfunction and determining the existence of a speech disorder. Evaluation should include review of available medical history records and must include diagnostic testing and assessment, and a written report with recommendations.

Speech Re-evaluation includes a face-to-face interaction between the Speech-Language Pathologist and the child for the purpose of evaluating the child's progress and determining if there is a need to continue therapy. Reevaluation may consist of a review of available medical records and diagnostic testing and/or assessment, but must include a written report with recommendations.

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Individual Speech Therapy: Individual Speech Therapy is the delivery of remedial services for identified speech and/or language handicaps to a child whose speech and/or language patterns deviate from standard based on evaluation and testing, including training of teacher or parent. Individual Speech Therapy services may be provided in a regular education classroom.

Group Speech Therapy: Group Speech Therapy is the delivery of remedial services for identified speech and/or language handicaps in a group setting to children whose speech and/or language patterns deviate from standard based on evaluation and testing, including training of teacher or parent. A group may consist of no more than six children. Group Speech Therapy services may be provided in a regular education classroom.

Providers of Speech-Language Pathology Services include:

- **Speech-Language Pathologist** in accordance with 42 CFR 440.110 (c)(2)(i)(ii)(iii) is an individual who meets one of the following conditions: (i) Has a Certificate of Clinical Competence from the American Speech and Hearing Association. (ii) Has completed the equivalent educational requirements and work experience necessary for the certificate. (iii) Has completed the academic program and is acquiring supervised work experience to qualify for the certificate.
- **Speech-Language Pathology Assistant** is an individual who is currently licensed by the South Carolina Board of Examiners in Speech-Language Pathology. The Speech-Language Pathology Assistant works under the direction of a qualified Speech-Language Pathologist pursuant to 42 CFR 440.110(c)(2)(i) and (ii).
- **Speech-Language Pathology Intern** is an individual who is currently licensed by the South Carolina Board of Examiners in Speech-Language Pathology and is seeking the academic and work experience requirements established by the American Speech and Hearing Association (ASHA) for the Certification of Clinical Competence in Speech-Language Pathology. The Speech-Language Pathology Intern works under the direction of a qualified Speech-Language Pathologist pursuant to 42 CFR 440.110(c)(2)(i) and (ii).
- **Speech-Language Pathology Therapist** is an individual who does not meet the credentials outlined in the 42 CFR 440.110(c)(2)(i)(ii) and (iii) that must work under the direction of a qualified Speech-Language Pathologist. The qualifications for a Speech-Language Pathology Therapist are (a) Bachelor's Degree in Speech-Language Pathology from a school or program approved by the State Board of Education for the preparation of speech language pathologists (b) Minimum qualifying score(s) on the area examination(s) required by the State Board of Education.

Audiological Services: In accordance with 42 CFR 440.110(c)(1), Audiological Services for individuals with hearing disorders means diagnostic, screening, preventive, or corrective services provided by or under the direction of an audiologist, for which a patient is referred by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under state law. A referral occurs when the physician or other LPHA has asked

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a Licensed Audiologist to recommend, evaluate, or perform therapies, treatment, or other clinical activities for the beneficiary. It includes any necessary supplies and equipment. Services involve testing and evaluation of hearing-impaired children less than 21 years of age who may or may not be improved with medication or surgical treatment. This includes services related to hearing aid use.

Specific services rendered: Pure Tone Audiometry, Audiological Evaluation, Audiological Re-Evaluation, Tympanometry (Impedance Testing), Electrocochleography, Auditory Evoked Potentials; Comprehensive, Auditory Evoked Potentials; Comprehensive Re-check, Evoked Otoacoustic Emission; Limited, Evoked Otoacoustic Emissions; Comprehensive or Diagnostic Evaluation, Hearing Aid Examination and Selection, Hearing Aid Check; Hearing Aid Re-Check, Evaluation of Auditory Rehabilitation Status, Fitting/Orientation/Checking of Hearing Aid, Dispensing Fee, Right Ear Impression, Left Ear Impression.

Specific services provided include:

Pure Tone Audiometry: In pure tone audiometry, earphones are placed and the patient is asked to respond to tones of different pitches (frequencies) and intensities. The threshold is recorded for a number of frequencies in each ear. This service may be performed six times during the course of a 12-month period.

Audiological Evaluation: In comprehensive audiometry, earphones are placed and the patient is asked to respond to tones of different pitches (frequencies) and intensities. The threshold is recorded for a number of frequencies on each ear. Bone thresholds are obtained in a similar manner except a bone oscillator is used on the mastoid or forehead to conduct the sounds. The patient is also asked to repeat bisyllabic (spondee) words. The threshold is recorded for each ear. The word discrimination score is the percentage of spondee words that a patient can repeat correctly at a given intensity level above speech reception threshold in each ear. This service may be performed once during the course of a 12-month period.

Audiological Re-Evaluation: An audiological re-evaluation is when appropriate components of the initial evaluation are re-evaluated and provided as a separate procedure. The necessity of an audiological re-evaluation must be appropriately documented. This service may be performed six times during the course of a 12-month period.

Tympanometry (Impedance Testing): Using an ear probe, the eardrum's resistance to sound transmission is measured in response to pressure changes. This service may be performed six times during the course of a 12-month period.

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Electrocochleography: An electrocochleography tests the internal components of the implanted receiver and connected electrode array. This procedure verifies the integrity of the implanted electrode array and is completed immediately after the operation. This procedure is to be completed only by a licensed Audiologist on a cochlear implant team and may be performed once per implantation.

Auditory Evoked Potentials - Comprehensive: Electrodes are placed in various locations on the scalp and electrical recordings are made in response to auditory stimulations. There is no frequency limitation on this procedure.

Auditory Evoked Potentials - Comprehensive Re-Check: Electrodes are placed in various locations on the scalp and electrical recordings are made in response to auditory stimulations. There is no frequency limitation on this procedure.

Evoked Otoacoustic Emission - Limited: A probe tip is placed in the ear canal. The probe tip emits a repeated clicking sound that passes through the tympanic membrane, middle ear space, and then to the outer hair cells of the inner ear. Computerized equipment is then able to record an echo off of the hair cell in the inner ear. There is no frequency limitation on this procedure.

Evoked Otoacoustic Emissions - Comprehensive or Diagnostic Evaluation:

A probe tip is placed in the ear canal. The probe tip emits a repeated clicking sound that passes through the tympanic membrane, middle ear space, and then to the outer hair cells of the inner ear. Computerized equipment is then able to record an echo off of the hair cell in the inner ear. There is no frequency limitation on this procedure.

Hearing Aid Examination and Selection: History of hearing loss and ears are examined, medical or surgical treatment is considered if possible, and the appropriate type of hearing aid is selected to fit the pattern of hearing loss. This service may be performed six times during the course of a 12-month period.

Hearing Aid Check: The audiologist inspects the hearing aid and checks the battery. The aid is cleaned and the power and clarity are checked using a special stethoscope, which attaches to the hearing aid. This service may be performed six times during the course of a 12-month period.

Hearing Aid Re-Check: The audiologist inspects the hearing aid and checks the battery. The aid is cleaned and the power and clarity are checked using a special stethoscope, which attaches to the hearing aid. This service may be performed six times during the course of a 12-month period.

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Evaluation of Auditory Rehabilitation Status: This service involves the measurement of patient responses to electrical stimulation used to program the speech processor and functional gain measurements to assess a patient's responses to his or her cochlear implant. Instructions should be provided to the parent/guardian, teacher, and/or patient on the use of a cochlear implant device to include care, safety, and warranty procedures. This procedure is to be completed only by a licensed Audiologist on a cochlear implant team and may be performed 10 times during the course of a 12-month period.

Fitting/Orientation/Checking of Hearing Aid: Includes hearing aid orientation, hearing aid checks, and electroacoustic analysis. The service may be provided six times during the course of a 12-month period.

Dispensing Fee: The dispensing fee is time spent handling hearing aid repairs. This service may be performed six times during the course of a 12-month period.

Right Ear Impressions: Taking of an ear impression; please specify one or two units for one or two ears. This service may be performed six times during the course of a 12-month period.

Left Ear Impressions: Taking of an ear impression; please specify one or two units for one or two ears. This service may be performed six times during the course of a 12-month period.

Providers of Audiology services include:

Audiologist: All Medicaid-qualified audiology providers (Licensed Audiologists) operating in the State of South Carolina adhere to the provider qualifications found in 42 CFR 440.110(c)(3)

Psychological Evaluation and Testing Services: In accordance with 42 CFR 440.130, Psychological Testing and Evaluation recommended by a physician or other licensed practitioner of the hearing arts, within the scope of his practice under State law, includes evaluation of the intellectual, emotional, and behavioral status and any resulting distress and/or dysfunction. Service components include screening, diagnostic interview, testing and/or assessment.

Providers of Psychological Evaluation and Testing Services include:

Psychologist is an individual that holds a doctoral degree in psychology from an accredited college or university, and has a valid and current state license as a Ph.D. or Psy. D. with a specialty in Clinical, Counseling, or School Psychology as approved by the SC State Board of Examiners in Psychology.

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School Psychologist I-is an individual that is currently certified by the State Department of Education and holds a master's degree from a regionally or nationally accredited college/university with an advanced program for the preparation of school psychologists and qualifying score on the SC State Board of Education required examination.

School Psychologist II- is an individual that is currently certified by the State Department of Education and holds a specialist degree from a regionally or nationally accredited college/university with an advanced program for the preparation of school psychologists, and qualifying score on the SC State Board of Education required examination.

School Psychologist III- is an individual that is currently certified by the State Department of Education and holds a doctoral degree from a regionally or nationally accredited college/university with an advanced program for the preparation of school psychologists, qualifying score on the State Board of Education required examination, and completion of an advanced program approved for the training of school psychologists.

Psycho-educational Specialist is an individual that holds a (60 hour) master's degree plus 30 hours or a doctoral degree in school psychology from a regionally accredited institution approved by NASP or APA or its equivalent, certification by the South Carolina Department of Education as a school psychologist level II or III, two years experience as a certified school psychologist (at least one year of which is under the supervision of a licensed psycho-education specialist), and satisfactory score on the PRAXIS Series II exam. The SC Board of Examiners licenses this individual.

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Orientation and Mobility Services: Are provided to assist individuals who are blind and visually impaired to achieve independent movement within the home, school, and community settings. O&M Services utilize concepts, skills, and techniques necessary for a person with visual impairment to travel safely, efficiently, and independently through any environment and under all conditions and situations. The goal of these services is to allow the individual to enhance existing skills and develop new skills necessary to restore, maximize, and maintain physiological independence.

Orientation and Mobility (O&M) Service Qualifications:

- The service must be recommended by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under state law.
- The service must be provided for a defined period of time, for the maximum reduction of physical or mental disability and restoration of the individual to his or her best possible functional level.
- The service must be furnished by individuals working under a recognized scope of practice established by the state or profession.

Specific services provided include:

Assessment: An Orientation & Mobility Assessment is a comprehensive evaluation of the child's level of adjustment to visual impairment and current degree of independence with or without assistive/adaptive devices, including functional use of senses, use of remaining vision, tactile/Braille skills, and ability to move safely, purposefully, and efficiently through familiar and unfamiliar environments. Assessment must include a review of available medical history records, diagnostic testing and assessment, and written report with recommendations.

Reassessment: An Orientation & Mobility Reassessment is an evaluation of the child's progress toward treatment goals and determination of the need for continued services. Reassessment may consist of a review of available medical history records and diagnostic testing and assessment, but must include a written report with recommendations. Reassessment must be completed at least annually but more often when appropriate.

Services: Orientation & Mobility Services is the use of systematic techniques designed to maximize development of a visually impaired child's remaining sensory systems to enhance the child's ability to function safely, efficiently, and purposefully in a variety of environments. O&M Services enable the child to improve the use of technology designed to enhance personal communication and functional skills such as the long cane, pre-mobility and adapted mobility devices, and low vision and electronic travel aids. O&M Services may include training in environmental awareness, sensory awareness, information processing, organization, route planning and reversals, and

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training in balance, posture, gait, and efficiency of movement. O&M Services may also involve the child in group-settings to increase their capacity for social participation, or provide adaptive techniques and materials to improve functional activities such as eating, food preparation, grooming, dressing, and other living skills.

Providers of Orientation and Mobility services include:

- **Orientation and Mobility (O&M) Specialist** is an individual who holds a current and valid certification in Orientation and Mobility from the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) or an individual who holds a current and valid certification in Orientation and Mobility from the National Blindness Professional Certification Board (NBPCB).

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Home Based Private duty nursing services are available in the home to all recipients under age 21 who are found to be in need of such services on the basis of State established medical necessity criteria. The services must be ordered by the attending physician and must be provided by a Licensed Practical Nurse (LPN) or a Registered Nurse (RN), licensed by the State Board of Nursing for South Carolina. Immediate family members cannot be reimbursed for providing these services. Home Based Private duty nursing services meet the requirements at 42 CFR 440.80.

The State will not preclude the provision of private duty nursing services during those hours of the day that the beneficiary's normal life activities take her outside of her home to attend school. Private duty nursing services rendered during those hours when the beneficiary's normal life activities take him or her outside of the home are coverable.

Personal Care services are available to all recipients under age 21 who live at home and who are found to be in need of such services on the basis of state established medical necessity criteria. Personal Care Services are designed to enable participants to accomplish tasks that they would normally do for themselves if they did not have a disability. This assistance may take the form of hands-on assistance (performing a task for the person) or cuing to prompt the participant to perform a task. Such assistance may include assistance in activities of daily living (bathing, dressing, toileting, transferring, maintaining continence, etc.). Instrumental Activities of Daily Living (IADL's) including home support (cleaning, laundry, shopping, home safety and errands) may be done as a part of the assistance given in the provision of activities of daily living. Personal care services may be provided on an episodic or on a continuing basis and are preformed by personal care agencies. Personal care services are furnished in the participant's home. Any services authorized outside a home setting must be prior approved by the State. Personal care agencies must meet SCDHHS scope of service requirements. A licensed nurse must oversee all direct care staff of a personal care agency. Personal Care Aides must be able to communicate effectively with both participants and supervisors, be fully ambulatory, capable of aiding with recipient's activities of daily living, capable of following a care plan, criminal background checks must verify that the participant has never been involved in substantiated abuse or neglect, be at least 18 years of age, pass a competency test and complete yearly training. The amount and duration of services must be prior authorized and re-authorized based on the recipient/s medical needs at regular intervals by the DHHS. Immediate family members cannot be reimbursed for providing these services.

The following policy applies to both home based private duty nursing and personal care services. Reimbursement for personal care and home based private duty nursing services, may be made to certain family members who meet South Carolina Medicaid provider qualifications. The following family members cannot be reimbursed: The spouse of a Medicaid consumer; A parent of a minor Medicaid consumer; A step parent of a minor Medicaid consumer; A foster parent of a minor Medicaid consumer; Any other legally responsible guardian of a Medicaid consumer. All other qualified family members can be reimbursed for their provision of the services listed above. Should there be any question as to whether a paid caregiver falls in any of the categories listed above, SCDHHS legal counsel will make a determination.

Physical and occupational therapy services as prescribed by a licensed physician, identified as a needed service through an EPSDT exam or evaluation and identified on a prior authorized treatment plan.

Services may be rendered by physicians and licensed physical and occupational therapists either employed by an approved provider or certified as an independent or group practitioner. Physical and occupational therapy are provided by or under the direction of qualified therapists and physical therapy and occupational therapy services meet the requirements of 42 CFR 440.110.

Psychological testing, evaluation and therapy are covered when prescribed through an EPSDT screen or exam and a prior authorization process. Services may be rendered by a licensed doctoral level psychologist in private practice or employed by an approved and enrolled provider.

Nursing Services for Children Under 21: Skilled intermittent nursing care provided by nurses licensed and regulated by the state to administer medications or treatments to children under 21 in a school based or public medical clinic setting. The nursing care provided is necessary for the maximum reduction of the beneficiaries' physical and/or mental disability and restoration to the best possible functional level.

4.c Effective April 1, 1990, the Omnibus Budget Reconciliation Act, Section 6403 requires that any diagnostic service or treatment determined to be medically necessary as a result of a screening service which is allowed to be covered with Federal matching funds under Medicaid must be provided whether or not such service is covered under this State Plan.

SC 08-030
EFFECTIVE DATE: 05/01/09
RO APPROVAL: 10/20/09
SUPERSEDES: New Page

4.b EPSDT Continued:

Medical Screenings, Vision screenings and Hearing Screenings are provided according to the following periodicity schedule: (1 per range)

Birth - to 1 month	12 months - through 14 months
1 month - through 2 months	15 months - through 17 months
3 months - through 4 months	18 months - through 20 months
5 months - through 7 months	21 months - through 24 months
8 months - through 11 months	

3 years through 21 years - Nineteen screenings are allowed one year apart.

Dental Periodicity Schedule

Dental screening services, to include referral for dental exam and follow-up treatment, as necessary, begins at age 1 or after eruption of the first tooth and are provided every six months thereafter until the last day of the month of the 21st birthday.

Interperiodic dental services are covered at intervals other than those specified in the periodicity schedule when medically necessary to identify and treat a suspected illness or condition.

Dental

Dental Services for recipients under the age of 21 include any medically necessary services are covered.

Vision

Tinted lenses are not a covered service
Lens covered as a separate service (except replacement)
Training lenses
Protective lenses
Oversized lenses are not covered
Lenses for unaided VA less than 20/30 + -.50 sphere
Plastic lenses for prescription less than + or -4 diopters
Visual therapy or training is not covered
There are no allowable benefits for optometric hypnosis, broken appointments, or charges for special reports.

SC 12-012
EFFECTIVE DATE: 07/01/12
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SUPERSEDES: SC 08-001

Hearing

Limited to the provision of hearing aids including batteries, accessories and repairs, and hearing tests for diagnosis and referral.

Prior authorization by consultants is required for specific dental, vision and durable medical equipment, prosthetic and orthotic appliance services, private duty nursing services and personal care aide services. The codes representing covered services are listed in the state agency manuals for Dentistry, Vision Care, Durable Medical Equipment, CLTC Services Provider Manual.

Services not listed as covered services in the state agency manuals/state plan will be provided if determined to be medically necessary by the appropriate agency staff or consultants. The reimbursement rate for these services will be 80% of statewide usual and customary fees. If the provider is a government agency and/or a non-profit organization, the reimbursement will be no greater than actual cost. This is in compliance with 45 CFR Subpart Q.

4.c Family Planning Services

Family Planning services are available to all Medicaid recipients and include all medical and counseling services related to alternatives of birth control and pregnancy prevention services prescribed and rendered by physicians, hospitals, clinics, pharmacies and other practitioners and other Medicaid providers recognized by state and federal laws and enrolled as Medicaid Providers.

Coverage for Adolescent Pregnancy Prevention Services is allowed as described for EPSDT eligible recipients and rendered by approved Medicaid providers.

(Effective 11-1-90)

Adolescent Pregnancy Prevention Services are services available to improve access to quality family planning services for a group at high risk for unintended pregnancy. Adolescent Pregnancy Prevention Services enhance the ability of all adolescents to make responsible decisions about sexual activity, including postponement of sexual activity or use of effective contraception. The result is a lowered incidence of pregnancy and sexually transmitted diseases and improved overall physical and mental health.

Adolescent pregnancy prevention services are defined as follows:

1. Individual counseling is a medical service using a systematic approach that is goal oriented with the purpose of developing a reasoned and responsible approach to family planning, including as appropriate, contraception or delay of sexual activity. Recipients will be informed of how to locate and use resources such as the health department, clinics or other family planning providers.
2. Group counseling is a medical service using group interaction for the same purposes and goals as individual counseling.

SC: MA 90-37
EFFECTIVE DATE: 11/01/90
RO APPROVAL: 6/06/91
SUPERSEDES: MA 90-12

3. Family counseling is a medical service that focuses on how the family can help the individual make responsible decisions in sexual risk reduction, particularly pregnancy prevention and disease prevention. Family Counseling is provided for the purpose of helping the eligible recipient in terms of family planning. It is not intended to provide primary benefit to the family system, some members of which may be ineligible for Medicaid services.
4. Home visits is a medical service used to assess the recipient's level of functioning and his/her needs for family planning services, including identifying obstacles to utilization of family planning services.
5. Group health education is a medical service that focuses on family value systems and their impact on pregnancy prevention; human sexuality; physical development; postponement of sexual activity as a responsible decision; contraception; and decision making skills related to family planning.
6. Referral services will be used to link recipients to family planning providers and other medical providers whose services will help improve the overall functioning of the individual and therefore his ability to exercise good judgment in family planning.
7. Assessment is a medical service used to evaluate the overall family planning needs of the recipient, including counseling services, birth control and other services above.

Eligible providers of Adolescent Pregnancy Prevention Services must meet the standards established by the State Health and Human Services Finance Commission and be approved as providers of this service. Providers may qualify for enrollment upon demonstration of the ability to provide the specified services in accordance with the requirement set forth by Medicaid, and sign an agreement with the State Health and Human Services Finance Commission. Providers may be any qualified individual or organization including but not restricted to state and local health care agencies or clinics regardless of whether they provide other Medicaid services. Individuals providing adolescent pregnancy prevention services must, at a minimum, be licensed or certified by appropriate state authorities as a health care professional, or be directly supervised by a licensed or certified health care professional.

Adolescent pregnancy prevention services include assessment; individual, group and family counseling; and health education related to sexuality, reproduction and family planning. Payment for adolescent pregnancy prevention services under the plan does not duplicate payments made to public or private entities under other program authorities for the same purpose.

These services are limited to EPSDT eligible children only. Family planning services are available to all Medicaid recipients under the State Plan. The purpose of this amendment is to ensure that appropriate family planning services are available to adolescents whose needs may be different. All adolescent pregnancy prevention services are comparable

SC: MA 90-37

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SUPERSEDES: N/A

in amount, duration and scope. Adolescent pregnancy prevention services are not restricted geographically, and are provided on a statewide basis in accordance with section 1902(a)(10)(B). Recipients retain freedom of choice of family planning providers for all family planning services, including adolescent pregnancy prevention. Refusal to accept adolescent pregnancy prevention services does not in any way limit the recipient's right to utilize any family planning services under the State Plan. The state assures that the provision of adolescent pregnancy prevention services does not restrict an individual's free choice of providers in violation of Section 1902(a)(23) of the Act.

SC: MA 90-37
EFFECTIVE DATE: 11/01/90
RO APPROVAL: 6/06/91
SUPERSEDES: N/A

5. Physician Services

Physician Services are limited to procedures performed, or directly supervised by a practitioner licensed by the appropriate State Board of Medical Examiners as a doctor of medicine or osteopathy. Services are further limited to those rendered by an enrolled physician provider on behalf of an eligible recipient within the designated South Carolina Service Area. All services must be medically necessary and appropriate for the diagnosis and treatment of a specified condition. Physician Services may be rendered in a physician's office, clinic, hospital, nursing home, patient's home or elsewhere.

Technical Services, including materials that are supplied by a physician in an ambulatory setting are considered part of the physician's professional service unless specifically designated as a separate service in the South Carolina Medicaid Physician, Clinical and Ancillary Services Manual.

Physician supervision is restricted to services provided under the direct supervision of a physician directing a paramedical professional or other licensed individual. The physician must be responsible for all services rendered and be accessible at all times during the diagnosis and treatment of the patient.

Primary Care Providers:

Primary Care Providers are defined as those medical personnel that provide routine or preventive care. Primary care providers include, but are not limited to, Family Practitioners, General Practitioners, Internists, Nurse Practitioners, Osteopaths, OB/GYN, and Pediatricians.

Pediatric Sub-specialist Providers:

Pediatric sub-specialists are defined as those physicians who a) in his/her practice have at least 85% of their patients who are children 18 years or younger; b) practice in the field of Adolescent Medicine, Cardiology, Cardiothoracic Surgery, Critical Care, Emergency Medicine, Endocrinology, Gastroenterology/Nutrition, Genetics, Hematology/Oncology, Infectious Disease, Nephrology, Neurology, Neurological Surgery, Ophthalmology, Orthopedic Surgery, Otolaryngology, Psychiatry, Pulmonology, Rheumatology, Surgery, Urology and such other pediatric sub-specialty areas as may be determined by the Department of Health and Human Services.

Ambulatory Care Examinations:

Effective October 1, 1991, Ambulatory Care Examinations are limited to twelve (12) visits per State fiscal year (July - June) per recipient. All ambulatory care examinations prior to October 1, 1991, will not count toward the twelve (12) visit limitation. Recipients under the age of 21 years are

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SUPERSEDES: MA 01-001

exempt from the twelve (12) visit limitation. Ambulatory care exams include all physician office examinations for general medical diagnoses and specialty care. Included in the ambulatory care restrictions are rural health clinic encounters and initial psychiatric visits. Surgery, therapy, family planning, diagnostic tests, monitoring, and maintenance management are not included in the twelve (12) visits limitation. The South Carolina Department of Health and Human Services may approve additional ambulatory care visits when medically necessary. Limitation will be based on medical necessity.

Hospital Services rendered by a physician are not restricted but are subject to the pre-admission review process, medical necessity criteria and the limitations included in the hospital section of the plan.

All services listed in the Current Procedural Terminology Text (CPT), and the HCPCS Supplemental Coding Manual are allowed services unless restricted in the Medicaid Physician, Clinical and Ancillary Services Manual. These services include, but are not limited to, general medical care, diagnostic services, therapeutic services, reconstructive and medically necessary surgeries, maternal care, family planning, rehabilitative and palliative services, lab, x-ray, injectable drugs, and dispensable and supplies not restricted in other areas of the plan or the Medicaid provider manuals.

Speech, physical, and occupational therapy coverage for beneficiaries over the age of 21 is limited to the provision of services when one of the following requirements are met: (1) the attending physician prescribes therapy in the plan of treatment during an inpatient hospital stay and therapy continues on an outpatient basis until that plan of treatment is concluded; (2) the attending physician prescribes therapy as a direct result of outpatient surgery; or (3) the attending physician prescribes therapy to avoid an inpatient hospital admission.

For EPSDT eligible beneficiaries under the age of 21 speech and hearing services are covered based on medical necessity and must be prior authorized by South Carolina Department of Health and Environmental Control (SCDHEC), The Department of Disabilities and Special Needs or a school district. For physical, and occupational therapy, services are available through rehabilitation centers certified by SCDHEC, and through individual practitioners who are licensed by either the South Carolina Board of Physical Therapy Examiners or the South Carolina Board of Occupational Therapy and enrolled in the South Carolina Medicaid program.

All Physician services that an optometrist is legally authorized to perform are included in physicians' services under this plan and are reimbursed whether furnished by a physician or an optometrist. Vision care services are defined as those that are medically necessary for the diagnosis and treatment of conditions of the visual system and the provision of lenses and/or frames as applicable. Routine eye examination with refraction is covered for EPSDT eligible children under the age of 21. This benefit is limited to one every 365 days, if medically necessary. Any other medically necessary vision care services are covered during the 365 day period for adults and EPSDT eligible beneficiaries under the age of 21. One pair of eyeglasses is available during a 365 day period to beneficiaries eligible under the EPSDT program. Additional lenses can be approved if the prescription changes at least one-half diopter (0.50) during the 365-day period.

SC 12-019
EFFECTIVE DATE: 10/01/12
RO APPROVAL: 03/22/13
SUPERSEDES: SC 10-015

The following services are excluded from coverage:

- Optometric hypnosis
- Broken appointments
- Special reports
- Progressive and transitional lenses
- Lenses and/or frames that are not included in the Medicaid sample kit
- Extended wear contact lenses
- Oversized lenses or frames, unless medically justified
- Tinted lenses and coatings, unless medically justified, as in the case of albinism or post-cataract patients
- Trifocals
- Executive bifocals, unless medically justified
- Bifocal segment widths in excess of 25 mm unless medically justified

Detail clinical policy is published in the Physician, Laboratories, and Other Medical Professional manual on the South Carolina Department of Health and Human Services website at www.scdhhs.gov.

The South Carolina Department of Health and Human Services may approve additional ambulatory care visits when medically necessary. Limitations will be based on medical necessity.

Preventive Care:

Newborn Care is limited to routine newborn care and follow-up in the hospital. All other well baby services are limited to the provisions defined in the EPSDT section of the plan.

Immunizations for recipients over the age of 21 are limited to influenza, pneumonia, meningitis and hepatitis vaccinations for at risk patients as described in the Physician, Clinical and Ancillary Services Manual.

SC 11-020
EFFECTIVE DATE: 10/01/11
RO APPROVAL: 07/09/14
SUPERSEDES: SC 09-010

- 6a. PODIATRIST. Effective February 1, 2011 podiatry services will only be covered for recipients under 21 years of age when medical necessity has been established. Podiatry services must conform to the guidelines and limitations as specified under Musculoskeletal System/Podiatry Services Section of the Professional Services Manual. Podiatry providers are licensed practitioners and provide services within the scope of practice as defined under State law and in accordance with the requirements of CFR 440.60(a)
- 6b. OPTOMETRIST. Vision Care services are those which are reasonable and necessary for the diagnosis and treatment of conditions of the visual system and the provision of lenses and/or frames as applicable. Optometry providers are licensed practitioners and provide services within the scope of practice as defined under State law and in accordance with the requirements of CFR 440.60(a)

Covered Services:

B. Services for EPSDT recipients are as follows:

1. Routine eye examinations with refraction is limited to one every 365 days, when medically necessary.
1. Glasses, if prior approved by the State Health and Human Services Finance Commission.
3. One original and one replacement or repair of the original pair of glasses per fiscal year, if prior approved by the South Carolina State Department of Health and Human Services.

Non-Covered Services:

1. Visual Therapy or training.
 2. Tinted lenses.
 3. Training lenses.
 4. Lenses covered as a separate service (except replacements).
 5. Protective lenses.
 6. Oversize lenses.
 7. Lenses for unaided VA less than 20/30 + or -.50 sphere.
 8. Plastic lenses for prescription less than + or -4 diopters.
 9. No allowable benefits for optometric hypnosis, broken appointments, or charges for special reports.
- 6c. CHIROPRACTORS: Chiropractic services are those which are limited to manual manipulation of the spine for the purpose of correcting subluxation demonstrated on x-ray. For the purpose of this program, subluxation means an incomplete dislocation, off-centering, misalignment, fixation or abnormal spacing of the vertebrae anatomically that is demonstrable on a radiographic film (x-ray).

SC 10-015
EFFECTIVE DATE: 02/01/11
RO APPROVAL: 05/25/11
SUPERSEDES: SC 06-014

Chiropractic services must conform to policies, guidelines and limitations as specified in the Chiropractic Services Manual. Chiropractic providers are licensed practitioners and provide services within the scope of practice as defined under State law and in accordance with the requirements of CFR 440.60(a)

6.d Other Medical Care or Remedial Care Provided by Other Practitioners

Certified Registered Nurse Anesthetist/AA - Certified Registered Nurse Anesthetist/AA are authorized to perform anesthesia services only. The scope of their practice is limited to that which is allowed under State Law. A copy of their certification must be on file at the practice site.

Nurse Practitioner - Nurse Practitioners are authorized to perform certain services pertaining to their specific approved written protocols. The scope of their practice is limited to that which is allowed under State Law and as documented in written protocol between the nurse practitioners and their physician preceptors. The written protocol must be submitted to SHHSFC prior to enrollment.

Psychologists - Psychological services are covered when prescribed by an EPSDT screen and prior authorization process. Services covered include psychological testing, evaluation and therapy. Reimbursements to practitioners are restricted to psychologists that hold doctoral level diploma, and have a valid state license as a Clinical, psychologist approved by the State Board of Examiners in Psychology.

Licensed Midwife - Medicaid coverage includes all obstetrical services, newborn care and medical services that are published in the South Carolina Medicaid Physician and Clinical Services Manual, with appropriate revisions and updates. All services must be medically justified and rendered in accordance with the standards of care and services prescribed by the appropriate licensing and regulation agency(ies) under the laws of the State of South Carolina.

SC 11-020
EFFECTIVE DATE: 10/01/11
RO APPROVAL: 07/09/14
SUPERSEDES: SC 08-024

Registered Dietitian - Registered dietitians are authorized to provide medical nutrition therapy services. The duties and responsibilities include nutritional diagnostic, therapy, and counseling services provided for the purpose of managing obesity and other diseases. Covered services will consist of nutrition assessment, interventions, reassessment, and follow-up interventions when it is prescribed/referred by a physician. The scope of practice is limited to that which is allowed under State Law.

7. HOME HEALTH CARE SERVICES - Home health services are provided by a licensed and certified home health agency to eligible beneficiaries who are affected by illness or disability.

SC 13-008
EFFECTIVE DATE: 04/01/13
RO APPROVAL: 10/16/14
SUPERSEDES: SC 11-011